

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10644-150</u>	FILING DATE	
							APPLICANT(S)		
							CLAIMS		
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
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TOTAL IND.	2		1						
TOTAL DEP.	49		17						
TOTAL CLAIMS	51		18						